



# Medicine and Politics in the Middle East and North Africa: Transdisciplinary Approaches in Medical Humanities

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Accepted: 13 February 2023 / Published online: 10 March 2023

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This issue of *Culture, Medicine, and Psychiatry* explores the rich but rarely underscored relation between medicine and politics in the Middle East and North Africa (MENA).<sup>1</sup> It proposes a transdisciplinary approach that seeks to historicize and contextualize the making of medical knowledge and its circulation in sites peripheral to Europe and North America, highlighting the engagement of medicine in a broader political milieu of colonialism, humanitarianism, state nationalism, and patriarchy. The volume's contributions do so by integrating a variety of novel archival, media, textual and ethnographic research, tracing the trajectories and interconnections of medicine in the MENA. In this region, western, regional, and indigenous health and healing systems have been and are being exchanged and negotiated. Engaging with intersecting methodologies from the humanities, the papers in this special issue all pay close attention to the mobility and embeddedness of medicine within various forces and techniques in the societies of the MENA.

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<sup>1</sup> The terminology and naming of the region (the Middle East) has been criticized as denoting an ambiguous, orientalist and naturalized geographical area (Culcasi, 2010; Mignolo 2014), suggesting Southwest Asia as a more inclusive and appropriate name. We chose to keep MENA terminology throughout the text as to signal at the layers of political intricacies in the region.

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We thus invite the readers to begin with an examination of medical practices from the point of view of the MENA region itself rather than addressing medicine as a culturally localized manifestation of a global and scientific agenda. These papers look at the enactment of medicine in the hospital, the clinic during war and in disasters, in public squares and everyday life, in inpatient record files, and medical diaries. They present cases on medicine and politics from Egypt, Palestine, Lebanon, and Turkey, following the circulation of medical knowledge and practice to European and Western sites. Taken together, these contributions suggest that much can be learned about politics, subjectivity, and social life by adopting contextualized methodologies in the study of medicine, contributing to the nascent but rapidly growing field of medical humanities in the MENA.<sup>2</sup>

This issue makes several theoretical and methodological interventions that propose an interconnected and transdisciplinary approach to medical humanities in the MENA. First, we bring together conversations from both psychiatry and biomedicine, bridging not only disciplinary discussions but the approach to medicine itself as encompassing both mind and body, illness, and disease. Scholarship has traditionally addressed the social effects of psychiatry separately from that of medicine, thereby producing binaries between both practices and their knowledge production. The relation between psychiatry and politics has been amply researched by social historians and anthropologists, by unraveling the colonial and postcolonial practices of governance in psychiatry (e.g. Sadowsky 1999, Rajpal 2020, Antić 2022), exploring the various techno-scientific, social, and economic transformations in its social authority (Metzl 2011, 2003; Lunbeck 1995; Hacking 1998, 2002; Young 1997; Micale 2010; Harrington 2019), attending to its local and cultural expressions and manifestations (Briggs 1971; Kleinman 1986; Scheper-Hughes 2001) and examining the trans-local knowledge economies and patient narratives of global psychiatry (Lakoff 2006; Martin 2009; Yang 2015). By looking at psychiatry and biomedicine together, we seek to gain a more interconnected view of the different health practices, classifications, and institutions rather than delve into one form of medical expertise (e.g., Biehl 2013). We believe this enables the reader to gain a more complex understanding of the politics and ethics of medical knowledge in MENA societies.

Second, we look at medicine through the specificities of the MENA and its interactions with the broader world, drawing on cases from the late nineteenth century to the contemporary period. Rather than offering a close reading of medicine in a particular historical period, we combine historical and contemporary research to underscore the dynamic entanglements of medicine with various genealogies of health and healing practices while contextualizing their social and political transformations. Medicine in the MENA did not operate in isolation but was part of a

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<sup>2</sup> There has been a growing interest in the field of medical humanities in the MENA in the last few years. For example, two conferences on “Medical Humanities in the Middle East Online” were organized at Weill Cornell Medicine-Qatar in 2018 and 2022 (Weber & Verjee 2019). The Middle East Studies Association (MESA)’s annual meeting in 2021 also included two organized panels on the topic: “Doctors, Patients and Medical Subjectivities”, organized by Jennifer Derr, and “Medical Humanities in the Middle East: Health, Medicine and Life” organized by Maziyar Ghiabi and Hande Yalnizoglu Altinay.

shifting geospatial framework of forces, including the Ottoman Empire, European colonialism, nation-states, and international humanitarian agencies and organizations. Globalization has also meant that biomedical knowledge production is not solely centered on EuroAmerican methodologies but was also made in genetic laboratories in the Middle East (Burton 2021). The essays in this volume bring to bear this interconnected geography, offering rich and entangled conversations on medical expertise and practices, such as the translatability and mobility of psychiatric classifications and therapeutics, patient narratives and subjectivities, the politics, ethics, and professionalization of medicine, and its implications on people's experiences of health and illness.

Third, we show how the production of medical practices and traditions was not only relegated to colonial rulers but was exercised, negotiated, and debated by local experts, highlighting the complexities of translation, friction, and negotiation.<sup>3</sup> Inspired by Omnia El Shakry's work, most notably her text, *The Arabic Freud* (2017), our issue privileges the interactions, hybridizations, and interconnectedness of medical classifications and practices in the MENA. What becomes at stake is less about the tension between indigenous and western medical knowledge than a continuous negotiation and friction between projects of modernity proper.<sup>4</sup> We seek to probe the conditions of possibility of the globality of medical knowledge and its various formations by showing how medical practitioners from the MENA region reconfigured medicine, shared expertise, and grappled with the ethics of their practice, and how patients and recipients of mental health programs reflected on their health, and families coped with mental illness. Our historical and contemporary actors and their ideas were not stationary; instead, they moved across borders and empires. To that end, we aim to make visible the transnational, intersecting, and dynamic studies of medicine and health in the MENA and beyond.

Finally, this issue troubles the depoliticization of medicine by showing how power reinforces knowledge in these fields. By looking at the MENA—a region disrupted by dynamics of imperialism, state formation, decolonization, the Cold War, civil wars, authoritarianism, popular uprisings, and mass migration—we can better address the depoliticization and archaeology of medical knowledge itself. Medical neutrality is a recurrent theme in the volume, albeit addressed and treated differently. Taken as a whole, the essays stretch out the political terrain of medicine by addressing the circulating medical discourses and narratives between patients and medical practitioners in the MENA, uncovering the nature of networks and collaborations on which medical knowledge and neutrality are made, and exploring the various roles and ethical stances taken by medical doctors in conflict and authoritarianism contexts.

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<sup>3</sup> Circulation has become an essential notion in studying the global history of science, used to understand the transfer of knowledge and the development of empirical sciences within the Euro-American tradition and in (post)colonial contexts (Seth 2009).

<sup>4</sup> Historians of science have also considered how place dictates the type of scientific production that emerges. (Livingstone 2013; Elshakry 2010).

## Rethinking the Study of Medicine in the MENA

Modern medicine in the MENA relied on a set of colonial and local actors, experts, and health infrastructures that brought forth new ways of conceptualizing disease and health. At the core of this colonial context was a dynamic global transformation in medicine in a world that was recovering from the first World War and the 1918 flu, where ongoing reifications of political mandates in Greater Syria were implemented, leading to growing dissent on subjects and citizens. The development and experience of shaping medical knowledge in the modern world—and by extension, the modern MENA—was governed by new sets of ethics, nodes of translation, and institutions that provided new understandings of disease, bodies, and affliction. Today, the modern and contemporary MENA continues to be a contact zone and laboratory where local and foreign officials and experts test and reformulate conceptions of disease and illness and create new spaces for care.

Earlier historiographies of medicine in the MENA have typically represented the region triumphally, with Arab and Muslim scholars serving as brokers for medical innovation. George Saliba and other historians of science contend that ‘native’ scholars served as a bridge between Greco-Roman science and Renaissance medicine, making translation a central element of the region’s contribution to medicine (Saliba 2011). At the heart of this scholarship is an acknowledgment that the genealogies of modern medicine and science were predicated on a multiplicity of local MENA actors—doctors and patients. With the ascension of European colonialism in North Africa and the Middle East, historians have had to grapple with the intersecting and often uneven forces influencing science. Accounting for these forces meant that, although science had links to European and late Ottoman colonial powers, MENA scholars were also active in reading, interpreting, and developing nineteenth-century science.

The historiography of medicine in the MENA has captured this interconnected relationship between medical knowledge and colonialism on the one hand, and the formation of nation-state on the other. The intricate layers of colonial and nationalist elements in the Middle East, in places more prominent than others, make it difficult to speak about the region in a unified way. These layers created a form of hybridization of the categories of disease and health systems and institutions.<sup>5</sup> Early modern historians have argued that Ottoman imperial expansion of medical facilities during periods of epidemics was intimately tied with state expansion (Varlik 2015; Abul-Magd 2013). During the nineteenth century, North African territories went through a series of medical reforms including but not limited to the establishment of the Qasr al-Aini medical school in Egypt, training for midwives regionally, and the construction of new hospitals. This was part and parcel of modernizing the state and maintaining a healthy populace.

The emergence of various medical establishments, including the expansion of psychiatric asylums in the region, was also a sign of the expansion of various

<sup>5</sup> For a discussion of colonial/national health institutions in the MENA, see Dewachi, 2017.

imperial projects in the region (Fanon et al. 2005; Keller 2007; Mahone & Vaughan 2007; Studer 2015).

Recognizing these nodes of translation and hybridization of medical knowledge in the MENA is first about reformulating a global history of medicine, where a plethora of knowledge-making practices are recognized and acknowledged. It is also about looking at the circulation of goods, ideas, and diseases as the driving forces for scientific exchange and collaboration. This means thinking about medical practice, not purely as a European phenomenon or something brought through colonialism but thinking about how knowledge emerges organically from non-Western epistemologies.

These emerging, intersecting and sometimes contradictory power dynamics in the region have created tensions, debates, and questions about the ethics of medicine, translating and debating disease, and the social dimensions of psychiatry, all of which have trickled down to various aspects of social life.<sup>6</sup> For example, Khaled Fahmy has documented how Egyptian criminal justice reform dovetailed with live debates about medical examinations and autopsies by showing how religious authorities were debating the religiosity of cutting the deceased Muslim body (Fahmy 1999). Reproductive health politics have also been a central focus in anthropological studies in the Middle East (Deeb & Winegar 2012), raising debates about the connections between reproductive technology, nation, and bio/religious ethics (Wick 2008; Asdar Ali 2003; Inhorn 1994; Ann Kanaaneh 2002; Clarke 2009). Recently, the relationship between health, medicine, and conflict has also been explored, with war becoming an analytical lens within the medical and social communities (Abu-Sittah et al. 2017; Benton & Atshan 2016; Hamdy & Bayoumi, 2016; Giacaman et al. 2009), raising questions about the validity and moral constellations behind medical concepts and treatments in times of violence and war (Fassin & Rechtman 2009; Meari 2015; Moghnieh 2021). As all this literature reveals, what makes the region complex is not just uneven colonial or imperial power; but inter-rivalries between colonial, state power, and health traditions themselves. These rivalries have created a form of medical plurality in the Middle East that continues until today, taking on various forms and shapes, sometimes creating hierarchies of medical epistemologies and knowledge (Tsacoyanis 2021; Dole 2012; Hamdy 2012; Vinea 2019).

Therefore, studying medicine in the Middle East and North Africa is not merely a local phenomenon. Instead, it speaks to cross-cultural contact and an ongoing debate about regional knowledge-making. Since the mid-twentieth century, Anglophone scholarship on the MENA has been entangled in global politics, often emphasizing writing a scholarship that focuses on political Islam, gender roles, and the language of “terror.”<sup>7</sup> Neoliberal policies—as they have been implemented through structural adjustment programs in the MENA region and in U.S. scholarship—have prioritized

<sup>6</sup> See debates on health inequities, vulnerabilities, political economies, and cultural beliefs around health and disease (Mebtoul 2004, Morsy 1993; Sholkamy 1997; Sholkamy & Ghannam 2004).

<sup>7</sup> For a critical perspective on the scholars studying the Middle East and the politics of academic containment, refer to Deeb & Winegar (2016).

topics that focus on contemporary political “crisis” while sidelining other subjects, such as labor struggles and state violence.

This issue engages with the region not only in terms of what is customarily studied but rather in terms of subjects and bits of knowledge that have been elided or conceived as apolitical or agentless. At the same time, the inquiries and scholarship presented in our volume show how medical discourses are inextricably linked to power. Since 2011, researchers who examine medicine in the MENA have had to confront several issues about their practice, mainly that there are practical limitations to conducting research in the face of counterrevolution, militarization, and environmental crisis.<sup>8</sup> These constraints have called for disciplinary or analytical shifts, namely, conducting research that puts the scholar less at risk and using sources outside the MENA region. We have come to realize that the research questions, temporal scope, and resource allocations have been predicated on ongoing contestations of power. We engage with these current challenges of conducting research, as well as the practical and political issues in the Middle East and North Africa.

## Medicine and Politics in the MENA: Overview of the Articles

This volume is, first and foremost, an intervention on the power of medical knowledge and practice in governing, classifying, and treating people’s afflictions and diseases in the MENA. Drawing from methodologies in medical humanities, the multifarious contributions highlight the ongoing debates and tensions emerging around medicine, uncovering trajectories and frictions in medical knowledge and practice, examining their relations with health, power, and society. Altogether, the issue’s contributors widen the definitions and parameters of medicine, bringing attention to regional philosophical traditions, forms of care, and transnational circulations. Drawing from historical and contemporary periods, from cases in medicine and psychiatry, these contributions tackle several conceptual topics that emerge from this context. This includes the ethics of medical knowledge production, psychiatric governance of women’s sexuality, mobile therapeutics, circulating expert and political discourses on trauma, and the politics of care during disasters and medical neutrality, among others. They also adopt diverse methodologies to medicine, including archival research, textual and media analysis, ethnography, interviews, and sometimes a combination of all.

Sandal-Wilson’s (2022) article “The Colonial Clinic in Conflict” explores the role of medicine in times of conflict in the interwar Middle East through the overlooked lens of the medical history of the great revolt in mandate Palestine. Drawing from medical anthropology research and colonial and missionary archives, the article reconstructs medical workers’ social and political positioning during the political rebellion against British colonial rule in Palestine, where healthcare became “another terrain of battle” (p.), implicated in the politics of the great revolt. Accounts show that Arab doctors, medical missionaries, British counterinsurgents,

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<sup>8</sup> For a broader discussion on doing research in the MENA see Ghazaleh (2019); El Masri et al. (2021); Kanafani & Zina (2017).

and Palestinian rebels were all actively engaged in negotiating and mediating the place of medicine and healthcare during the rebellion. Debates on and appeals for medical neutrality in the interwar colonial contexts were also represented in the article, thereby deepening our understanding of the normative making of neutrality in medicine.

Medical neutrality as a politically embedded practice and the role of doctors during conflict and political rebellion were also topics discussed by Bayoumi & Hamdy (2022), in their article “Nationalism, Authoritarianism, and Medical Mobilization” in the context of post-revolutionary Egypt. The article interrogates how Egyptian doctors, “whose social capital rests in part on being seen as “apolitical” and “neutral” (p.), found themselves at the center of radical politics vis a vis the Egyptian state following the revolution of 2011. We follow physicians, medical students, nurses, and other medical practitioners who participated in the protests, set up field hospitals in the Midan square, and later bore witness to the state’s torture of its citizens. Bayoumi & Hamdy (2022) provide examples of three sites where the politics of medical care were enacted: Tahrir Square, the (Egyptian) media, and the doctors’ strike in post-revolution Egypt. Through these examples, they critically approach the political mobilization of these doctors towards the Egyptian state as an achievement for their professional and socioeconomic status and a fulfillment of their ethical value systems, both as citizens and professionals.

In “Psychiatry, Disaster, Security: Mediterranean Assemblages”, Dole (2022) looks at the transformations in Turkish psychiatry in the context of a large-scale disaster, focusing on the unprecedented psychiatric response to the 1999 Marmara earthquake in Turkey. Based on extensive ethnographic fieldwork, Dole looks at how Turkish mental health professionals improvised a set of therapeutics that could “scale up” to the immensity of the earthquake event, tracing the development of transnational psychiatric collaboration between psychiatrists and psychologists in Turkey and Israel. Turkish psychiatrists drew from global networks of psychiatric expertise as they struggled to respond to the disaster. The article critically approaches the mobile discourses on PTSD and therapeutics within this collaboration, teasing out how the Israeli expertise assembled from studying the psychological effects of aerial warfare (on Israeli civilians) conducted in Iraq, Gaza, and Lebanon came to inform Turkish psychiatry. This raises questions about the postcolonial mobility and translatability of expertise and therapeutics that reconfigure and transform governance and psychiatric power and how psychiatric expertise is interwoven with national security discourses and settler colonial violence.

Finally, Moghnieh’s (2022) “The Broken Promise of Institutional Psychiatry: Sexuality, Women and Mental Illness in 1950s Lebanon” tells the story of Hala, a Syrian woman diagnosed with nymphomania and schizophrenia and consigned to the Lebanon Hospital for Mental and Nervous disorders (LHMND) in the mid-1950s. Weaving together ethnographic and archival research to tell Hala’s story, Moghnieh (2022) looks at the intersection of subjectivity, sexuality, psychiatry and family life in Lebanon, by reading institutional psychiatry’s practices of care and expertise from the point of view of Hala’s own narrative and hospital experience. The article traces how the social and psychiatric management of gender nonconformity and mental illness came together to make Hala a chronic and long-term

resident of LHMND. By uncovering Hala's lived experience of the hospital's reform policies, and her own voice and narrative around her institutionalization, illness, and sexuality, Moghnieh (2022) is concerned with the relationship between medical history and personal narrative, proposing intimate and ethical methodologies to retell patients' stories in psychiatric hospitals.

Taken together, these contributions intend to integrate contemporary studies of medicine with their social histories, while working through the ruptures and transformations in the modern MENA region. While designed to expand our categories of medicine and health, this issue also reconfigures the narratives of elites and non-elites, while arguing for a more nuanced approach that sharpens our perspective on medical institutions, professionalization, and governance. The authors engage in broader discussions that not only frame disease, health, and healing in the Middle East and North Africa, while also exploring how medical practices in the region dovetail with global trends. We hope that these articles enrich and expand future queries on health studies and medical humanities.

**Acknowledgements** We would like to warmly thank all the participants of the workshop "Power in Medicine: Interrogating the Place of Medical Knowledge in the Modern Middle East", on which this special issue is based. The workshop was convened by the Max Planck Institute for the History of Science (MPIWG) and Europe in the Middle East, Middle East in Europe (EUME) in Berlin in April 2019. It was organized by us and Shehab Ismail, who also contributed ideas to the first draft of this introduction. Many thanks to Jennifer Derr and Veronica Ferreri for reading and critically commenting on later drafts.

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